Effective.	a on 12/09/2004				**************************************		• • • • • • • • • • • • • • • • • • • •
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				Application Number 09/937,460			
				ling Date	12/28/2001		
For FY 2009				rst Named Inventor	Pieter T.	Koopman	
✓ Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Shawn S. An			
			Ar	Art Unit 2621			
TOTAL AMOUNT OF PAYMENT (\$) 470.00			At	Attorney Docket 3135 - 011614			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type Fee	Small En		Small Ent		mall Entity	T	70 + 1 (d)
	<u>: (\$) </u>	<u>Fee (\$)</u> 540	Fee (\$) 270	Fee (\$) 220	Fee (\$) 110	Fees	Paid (\$)
Design 22		100	50	140	70		
l ^y							W
Plant 22		330	165	170	85	***************************************	
Reissue 33	30 165	540	270	650	325		
Provisional 22	20 110	0	0	0	0		
							Small Entity
Fee Description Fee (S)							Fee (\$)
Each claim over 20 (including Reissues) 52 Fach independent claim over 3 (including Reissues)							26
Each independent claim over 3 (including Reissues) 220 Multiple dependent claims						110	
Multiple dependent claims	TD Freedom	o Cloima	Tr (e)	T7 T0 - * 1 (0)		390	195
<u>Total Claims</u> - 20 or I	<u> </u>		Fee (\$)	Fee Paid (\$)			Dependent Claims
HP = highest number of total cla	aims paid for, if g		***************************************			<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims - 3 or H	P Extr		Fee (\$)	Fee Paid (\$)		**************************************	
HP = highest number of indepen	dent claims paid	for, if greater than	3.				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under							
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
	ktra Sheets	• •	r of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 =		i0 =		und up to a whole num			=
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1-month Petition for Extension, Request for Continued Examination							\$405 + 65
SUBMITTED BY							
	121	THE PERSON NAMED IN COLUMN PROPERTY OF		Registration No.			
Signature (Attorney/Agent) 34,219 Telephone 412-471-8815							
Name (Print/Type) John W. McIlvaine Date July 22, 2009							